

FILED
IN CLERK'S OFFICE

2005 DEC 19 A 8:37

10 Wood Brook
Mendon, MA
December 15, 2005

To Whom It May Concern,

I, Jennie P. Moore mailed summons and
 Complaint to Brigham & Women's Hospital to
 Joan E. Stoddard. I did not make
 an copy of the summons for my
 self to send back to the court
 because I didn't think to do so.

I am very sorry, I hope this
 will not impact on this case.
 Enclosed, I am sending the
 green card where summons and
 Complaint was received.

Thank you,
 Jennie P. Moore

SENDER: COMPLETE THIS SECTION		POST OFFICE DELIVERY	
<p>1. Article Addressed to:</p> <p>Joan L. Stoddard Partners Health Care System, Inc 50 Staniford St. Suite 1000 Boston, MA 02114-2521</p>		<p>2. Article Number (Transfer from service label)</p> <p>7005 1820 0000 3178 3566</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee)</p> <p><input type="checkbox"/> Yes</p>	
<p>5. Signature</p> <p>DEF 13 2005</p>		<p>6. Date of Delivery</p> <p>DEF 13 2005</p>	
<p>7. Is delivery address different from item 1?</p> <p>If YES, enter delivery address below:</p>		<p>8. Agent</p> <p><input type="checkbox"/> Addressee</p> <p><input type="checkbox"/> Date of Delivery</p>	
<p>9. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>10. PS Form 3811, February 2004</p>	

102595-02-M-1540